

## Foster Family Home - Corrective Action Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-7

1825 Ashford Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 11/12/2019

Foster Family Home

Required Certificate

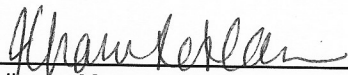
[11-800-6]

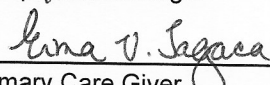
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Home is in compliance with all requirements. Home will receive a 3 bed, 2 year re-certification.

  
Compliance Manager

  
Primary Care Giver

11/12/19  
Date

11/12/2019  
Date